



APPL # _____
For office use only

STATE OF NEW HAMPSHIRE
APPLICATION FOR LICENSURE AS A
LANDSCAPE ARCHITECT

- ☐ \$125.00 Application Fee - Exam
- ☐ \$225.00 Application Fee - Reciprocity - CLARB record holders
- ☐ \$275.00 Application Fee - Reciprocity - State to State

Make Check Payable to "Treasurer, State of NH (**Non-Refundable**)
The Application Must be filled out completely and typewritten
CLARB RECORD HOLDERS MUST COMPLETE PAGE 1 & 2, SECTION 5 & 8 ONLY

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____

Residence Address _____ ()
zip code

Present Position (Organization & Title) _____

Business Address _____ ()
zip code

Business Phone _____ Home Phone _____

E-Mail Address _____

Place of Birth _____ Date _____
Indicate mailing address by marking X in parenthesis

2. Registration/Licensure Information

Total number of hours of written examination/s (indicate "none" if no written exam was taken): _____

State in which first registered or licensed as a Landscape Architect _____

Licensed by **CLARB** Examination? _____ If not how? _____

If so, location, date and grade awarded: _____

Date of Licensure _____ License Number _____ Is License now in force? _____

If not in force, indicate why _____

Have you **ever** applied for landscape architect licensure in **NH**? _____ Status _____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of current registration is needed from at least one state as well as verification from the state(s) where examination(s) was administered. A form will be provided upon receipt of this application packet.

License #	State	Year Licensed	Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. General Information Questions

CHECK ONE:

YES NO

- Have you ever been convicted of any felony or any misdemeanor, or a violation involving Landscape architecture or the practice of landscape architecture. If so, name the court, the details of the offense and the date of conviction and the sentence imposed. ☐ YES ☐ NO
- Have you ever lost or been denied registration/licensure as a landscape architect or disciplined by another licensing board in any other state and if so, an explanation of the circumstances? ☐ YES ☐ NO
- Has any License ever been revoked, if so why? ☐ YES ☐ NO

If the answer is yes to any of the above questions, submit a written explanation with your application

CLARB RECORD:

YES NO

- I have a CLARB Council Record ☐ YES ☐ NO
- I have requested CLARB to transmit my Council Record to the Board Office on: _____

4. Membership in Professional or Scientific Associations

Name of Organization Location Grade or Membership Date

5. Education

1. Official transcripts are required and must be sent directly to the board office from the college or university, unless verified through CLARB Council Records.

INSTITUTION AND LOCATION	FROM	TO	MAJOR	DEGREE AWARDED/DATE
Secondary Schools:				
1. _____				
2. _____				
Colleges and Universities:				
1. _____				
2. _____				
3. _____				

6. References of Character and Qualifications

Applicant will give the name and address of not fewer than five reputable citizens, unrelated to the applicant, of whom at least three shall be landscape architects, having personal knowledge of the applicant's experience. No member of the board will be accepted as reference. Name of persons listed under item 7, "Experience," may also be used as references.

[illegible]

7. Professional Experience

This information described below must be in detail, and should start with your first engagement. Use this page as a summary and place detailed information pertaining to Education and Experience on enclosed supplemental experience record sheet. Please key additional sheets.

Key	Date		1. Name of Employer-Title of Position 2. Location and Character of Each Engagement 3. Degree of Responsibility	Name and present address of someone familiar with each engagement, preferably person to whom applicant reported or with whom he/she was associated.
	From	To		
Years				

8. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

(Signature of Applicant)

ADDRESS ALL COMMUNICATIONS TO:

N.H. JOINT BOARD
57 REGIONAL DRIVE
CONCORD, N.H. 03301

Find us on the world wide web at www.state.nh.us/jtboard/home.htm

rev. 3/28/07

No. _____

SUPPLEMENTARY EXPERIENCE RECORD IN DETAIL

Affix your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Type on one side only. Number each landscape architecture engagement to correspond with the engagement key of your application.

In a chronological order, starting with your **first landscape architecture engagement**, list and identify your landscape architect projects and/or assignments. Be specific in identifying the portion of the work that you were personally responsible. Note the calculations you performed, identify the project by job title, name of client, location of project, total cost and cost of the portion that you were personally responsible. In describing the projects when applicable list such things as capacities, sizes, ratings, list of equipment size and/or specified, or other suitable identifying means, note success or failure of each project.

In describing your experience avoid using such terms as: involved with, responsible for, participated in, taken part/assisted in, coordinated, coordination of, in charge of, concerned with, was assigned or other similar forms: do use designed, I calculated, I analyzed, I recommended, I evaluated, etc.

After you have prepared your first draft, read it critically. Does it show a reviewer, who is not familiar with you or your job the degree of landscape architect expertise you applied and verify time-wise the landscape architecture experience claimed in your application.

Read instructions carefully. The Supplementary Experience Record is a most important part of your application.

Signature _____ **Date** _____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET)

STATE OF NEW HAMPSHIRE

BOARD OF LICENSURE FOR LANDSCAPE ARCHITECTS

310-A:146 Eligibility Requirements for Licensure as a Landscape Architect.

I. Each applicant for licensure as a landscape architect shall meet one of the following requirements:

- (a) Possession of an accredited 4-year landscape architecture degree or equivalent, and 3 years professional experience under the direct supervision of a licensed landscape architect; or
- (b) Possession of a non-accredited 4-year landscape architecture degree or a 4-year degree in a related field and 5 years professional experience, 3 of which shall be under the direct supervision of a licensed landscape architect; or

II. The board shall have the discretion to reject an applicant who is not of good professional character, as evidenced by:

- (a) Conviction for commission of a felony;
- (b) Misstatement of facts by the applicant in connection with the application;
- (c) Violation of any of the standards of conduct required of landscape architects as they are set forth in this subdivision or in rules adopted by the board; or
- (d) Practicing landscape architecture without being licensed in violation of laws of the jurisdiction in which the practice took place.

III. Upon complying with the preliminary requirements set forth in this section, the applicant shall, in order to become licensed, pass written examinations as provided in RSA 310-A:151, except as otherwise provided in RSA 310-A:153.

IV. Following the effective date of the initial adoption by the board of rules under RSA 541-A, the board may issue licenses to applicants whose applications for licensure have been received during a one-year period following the effective date of adoption of the rules, who provide evidence satisfactory to the board of knowledge and experience equivalent to the requirements set forth in subparagraphs I (a) or (b), and who meet the examination requirements of RSA 310-A:151.



APPLICATION INSTRUCTIONS AND CHECKLIST FOR LANDSCAPE ARCHITECTS

General- Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion. **COUNCIL OF LANDSCAPE ARCHITECTURAL REGISTRATION BOARDS (CLARB) RECORDS HOLDERS** must complete pages 1 and 2 and sections 5 and 8 only.

References- Make a sufficient number of copies of our **Reference Form** to send one to each of your references. Keep a blank one for your future use, in the event a reference does not respond. In addition to the reference form, you should send each of your references a **stamped** envelope on which you have placed the Board address label. Reference forms received from applicants are **not** acceptable, forms must come directly from the reference.

Transcripts- Transcript Request Forms are included as a part of this application packet. Complete the form/s and send it/them (and any required fee) to the college or university you attended including Undergraduate and Masters transcripts if applicable. Transcripts received from the applicant are not accepted. Transcripts must come directly from the college/university to our office.

Verifications- Enclosed you will find a copy of a blank verification of licensure/examination form. If you have taken the Landscape Architect Registration examination in another jurisdiction/s, complete Part A and send the verification form to each jurisdiction along with any fee they may charge. Make copies if needed. For each verification form mailed, you should include a **stamped** envelope on which you have placed the New Hampshire Board address label.

Notice to all applicants- Be sure you submit your application to the Board before you send out your reference forms. We must receive your application **prior** to receiving forms from your references. If we receive responses from your references and do not have your application on file, they may be misplaced, causing a delay in the processing of your application.

Foreign Degree Candidates- Foreign degree evaluations are required and must be sent directly from the institution to World Education Services or a similar translation and authentication service which specialize in evaluating educational credentials for translation and authentication.

Sections C & E Candidates- The application forms, fees and **all supporting documentation** for candidates for the exam must be received by: **March 1st for the June exam; September 1st for the December Exam.**

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

_____ Marked the box on the application form indicating which address you want us to use?

_____ Requested your college/university to send us your transcript directly?

_____ Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?

_____ Filled in the detailed experience summary sheets? (copy if needed)

_____ Signed the application?

_____ Included the correct fee with a completed credit card sheet or a check made payable to **Treasurer, State of NH?**

_____ Completed Part A of the verification form, sent to the appropriate state board/s along with a stamped envelope on which you have placed one of the New Hampshire Board address labels?

_____ Included this Checklist with your application?

Date_____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on _____
_____. My Social Security number is _____ and my date of birth is _____.

My student identification number was_____.

Please send the transcript **directly** to the following address:

New Hampshire Joint Board of Licensure
57 Regional Drive
Concord, New Hampshire 03301-8518

The Board of Landscape Architects have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

Date _____

PART A – To be completed by Applicant.

File # _____

To: _____
State Licensing Authority
Address: _____
City _____
State _____ Zip _____

From: NH Board of
Landscape Architects
57 Regional Drive
Concord, NH 03301

Applicant Name: _____
Address: _____

DOB: _____

PART B – To be completed by verifying licensing authority.

Landscape Architecture Registration Examination	Hour s	Grad e	Date Passed
Section A – Project and Construction Administration			
Section B - Inventory, Analysis and Program Development			
Section C – Site Design			
Section D – Design and Construction Documentation			
Section E – Grading, Drainage and Stormwater Management			

QUESTIONS

1. Has any disciplinary action ever been taken against the applicant? ☐ Yes ☐ No
If so attach explanation on separate sheet/s

2. If so, has this disciplinary case been satisfied to the board's requirements? Yes ☐ No ☐

3. The above named person was licensed as a landscape architect.

License Number	Date Issued	Valid Until
_____	_____	_____

Place Seal Here

By: _____ Title _____ Date _____

NH JOINT BOARD OF LICENSURE &
CERTIFICATION
57 REGIONAL DRIVE
CONCORD NH 03301-8518

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

THE STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE
FOR
LANDSCAPE ARCHITECTS
57 REGIONAL DRIVE
CONCORD, NEW HAMPSHIRE 03301

Application # _____
(For office use only)

Dear Sir/Madam:

_____ of _____
Full Name City State

has applied to this Board for licensure in the State of New Hampshire as a Landscape Architect and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Landscape Architect before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for licensure.

(For office use only)

Re: Application of _____ Appl # _____
THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your address _____
(street and number) (city or town)
3. What is your present business or profession? _____
4. Are you a licensed Landscape Architect? _____ In what state? _____ License # _____
5. How long have you known the applicant? From _____ to _____ inclusive
6. Are you in any way related to the applicant? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

9. Please give in brief your estimate of the applicant as a landscape architect _____

10. Would you employ the applicant in a position of trust? _____
11. If the applicant is connected with a firm, partnership, or corporation, please give its name and address
_____ Position he/she fills _____
12. Is the applicant qualified to be placed in responsible charge of design or supervision of work _____
13. If the applicant is in individual practice, please indicate the nature of such practice. _____
14. Do you recommend the applicant for licensure as a Landscape Architect? _____
15. In my opinion, the applicant has _____ years of landscape architecture experience.
16. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as a Landscape Architect and after reading the information given on the reverse of this.

Date _____ 20____ Written Signature _____

CREDIT CARD USE FOR APPLICATIONS.

You may pay your application fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. This page will be destroyed after the transaction has taken place.

Amount Due: ☐ \$125.00 Application Fee - Exam
☐ \$225.00 Application Fee - Reciprocity CLARB record holders
☐ \$275.00 Application Fee – Reciprocity state to state

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: _____ **(required)**

Expiration Date: Month: _____ Year: _____ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: _____

Billing Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____